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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS 331X
CERTIFICATE OF DEATH

STATE FILE NO.

6089

BIRTH NO.

REGISTRAR'S NO.

184

02 02 F DEATH 11 303 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Cochise		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona Cochise	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Douglas		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Gleeson	
DENT ONAL TA/80 9 V49	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 1 day 40 yrs.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
	D. FULL NAME OF HOSPITAL OR INSTITUTION Douglas, Hospital			
USE 331X OF ATH A 181 0 0	3. NAME OF DECEASED A. (FIRST) Louis B. (MIDDLE) Musso C. (LAST)		4. SEX Male	5. COLOR OR RACE White
	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH 12 DAY 7 YEAR 1869	8. AGE YEARS 80 MONTHS 7 DAYS
TIONS, OPSY ATH TO RNAL ENCE	9B. KIND OF BUSINESS OR INDUSTRY Self		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) Merchant	
	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Italy		11. CITIZEN OF WHAT COUNTRY? U. S.	
ICAL ONER'S CATION	14A. FATHER'S NAME Unknown		15A. MOTHER'S MAIDEN NAME Unknown	
	14B. BIRTHPLACE (STATE OR COUNTRY) Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown	
ERAL CTOR ND TRAR	16. INFORMANT'S SIGNATURE Mamela C. Ana 530-8 St		17. DATE OF DEATH (MONTH) December (DAY) 14 (YEAR) 1949	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
2	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
2	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) none		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) none	
	21C. (CITY OR TOWN) (COUNTY) (STATE)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) (SEC) OF INJURY	
2	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12/14/49 19 TO 12/14/49 19. THAT I LAST SAW THE DECEASED ALIVE ON 12/14/49 19. AND THAT DEATH OCCURRED AT 6:35 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
2	23A. SIGNATURE Ray B. Otonma M.D. (DEGREE OR TITLE)		23B. ADDRESS Douglas Arizona	
	23C. DATE SIGNED 12/16/49			
2	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 12-17-49	
	24C. NAME OF CEMETERY OR CREMATORY Gleeson		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Gleeson, Arizona	
2	25A. DATE REC'D BY LOCAL REG. Dec 16 49		25B. REGISTRAR'S SIGNATURE E. W. Edmon	
	26. FUNERAL DIRECTOR'S SIGNATURE Curth Page ADDRESS Douglas		27. EMBALMER'S SIGNATURE Curth Page CERT. NO. 321	